

Application for Certificate of Occupancy

Application Date: _____ C of O Number: _____

APPLICATION FEE IS NON-REFUNDABLE; CERTIFICATE FEE IS BASED ON SQUARE FOOTAGE

Erasing, Crossing Out, Whiting Out, or Otherwise Altering Any Entered Information Will Void This Application

INFORMATION ON THE BUILDING/PROPERTY

1. Property Address _____
2. Building/Property Owner's Name _____
3. Phone _____ Email: _____
4. Property Square _____ Suffix _____ Lot _____
5. Number of Floors _____
6. Zone _____ Overlay (if applicable) _____

APPLICANT INFORMATION

7. Applicant's Name (see instructions) _____
8. Trade name of business (if applicable) _____
9. Applicant's Mailing Address _____
10. Applicant's Day Phone # _____ Cell # _____ Email Address _____

INFORMATION ON PREMISES/ OCCUPANCY

11. (choose one) ☐ Ownership Change ☐ Use Change ☐ Load Change ☐ Revision ☐ New Bldg
12. Proposed use of Premises _____
13. Prior use of Premises _____ C of O # _____
14. Proposed Occupancy Load _____
15. Area Occupied by Proposed Use _____ sq. ft.
16. List Floors of a building to be Occupied by Proposed Use _____
17. Does your business sell or rent any goods or provide any services that could be described as sexually-oriented? ☐ Yes ☐ No If yes, please fill out the supplemental form.
18. Is your business a Medical Marijuana Dispensary or Production Facility? ☐ Yes ☐ No
19. Was this use approved by an order of the BZA or ZC? ☐ Yes ☐ No If yes, provide order # and date of approval: _____
20. Is there a building permit associated with this application? ☐ Yes ☐ No If yes, provide building permit # _____
21. What use was listed on the building permit? _____
22. Were all inspections conducted and approved? ☐ Yes ☐ No
23. Is off-street parking on the property provided for this use? ☐ Yes ☐ No If yes, number of spaces: _____

ATTESTATION AND SIGNATURE

I certify that all of the statements on this application are true to the best of my knowledge and belief. I agree to comply with all applicable laws and regulations of the District of Columbia.

Applicant or Agent's Signature _____ Date _____

*If you are an applying as an **Agent** on behalf of the Applicant, attach completed **Authorization Form**

Making a false statement on this application can result in the denial or revocation of your certificate of occupancy and criminal penalties, under D.C. Official Code § 22-2405, of a fine up to \$1000 and/or imprisonment up to 180 days.

For more information about C of Os, please visit dcra.dc.gov and click on [Permits/Zoning](#)

OFFICIAL DCRA USE ONLY

C of O # _____

Premises Address _____

PERMIT REVIEW COORDINATOR

Checked items #1-9 for completeness _____

Approved By _____

Date _____

ZONING INFORMATION

BZA or ZC # (if applicable) _____

Prior C of O # (if applicable) _____

Prior Use on above C of O _____

ZONING REVIEWERContinuation of Prior Use? ☐ Yes ☐ No Zone _____Use Allowed? ☐ Yes ☐ No Provide Zoning Code Use _____

Cite Zoning Section # _____

Off-street Parking Required? ☐ Yes ☐ No If yes, number of spaces required _____. If no, was a waiver granted? Parking credit? BZA relief obtained? Describe _____Is Zoning Inspection Required? ☐ Yes ☐ No If Yes, describe: _____

Approved By _____

Date _____

ENGINEERING REVIEW AND APPROVALPrior Bldg Permit Applicable? ☐ Yes ☐ No Bldg. Permit # _____New Bldg Permit Required? ☐ Yes ☐ No

Construction Code Inspections for the Proposed Use

Bldg (715)_____
Elect (720)_____
Plumb/Mech (730/725)_____
Fire (750)

Approved By _____ Date _____

GREEN REVIEWGreen Building Financial Security Required? ☐ Yes ☐ No ☐ N/A

If applicable, check box of chosen path:

☐ Green Bond ☐ Binding Pledge ☐ Line of Credit ☐ EscrowAll Green Inspections Complete? ☐ Yes ☐ No ☐ N/A

If applicable, Green Code documentation provided?

Construction and Site Waste Management ☐ Yes ☐ No ☐ N/APreliminary Commissioning Acknowledgement ☐ Yes ☐ No ☐ N/A

Approved By _____ Date _____

INSPECTIONSZoning Inspection (745) Approved? ☐ Yes ☐ No ☐ N/AAll Construction Code Inspections Approved? ☐ Yes ☐ No ☐ N/ADDOE Inspections Verification? ☐ Yes ☐ No ☐ N/A DDOE Approval _____ Date _____

Approved By _____ Date _____

APPROVAL

Issuance: By _____ Date _____